



AFFIDAVIT SUBSTANTIATING DECEDENT'S STATE OF DOMICILE AT DEATH

The following affidavit will be used by the Washington State Department of Revenue to help determine the state of residency of a decedent when the state of domicile is in dispute. This affidavit should be sworn to by a person having personal knowledge of the facts (i.e., surviving spouse, member of immediate family, personal representative, etc.).

Name of Decedent _____
First Middle Last

Date of Death ____/____/____

1. Where was the decedent's primary residence at the date of death? (city, state, country) _____

What was decedent's mailing address at the date of death? _____
Street Address

City State Zip Code

How long at this location? _____ To the best of your knowledge, what state did the decedent intend to reside in until the date of his/her death? _____

2. Did decedent reside in a nursing home in Washington at date of death? ☐ Yes ☐ No

Length of stay _____ Circumstances warranting stay _____

3. Did decedent own a home(s)? ☐ Yes ☐ No. If yes, give city and state: _____

Is the home currently being rented or leased? ☐ Yes ☐ No. Is the home available for rent or lease? ☐ Yes ☐ No

4. On date of death, did decedent own real property, leasehold or tangible personal property located in the State of Washington? ☐ Yes ☐ No

5. Was decedent employed in Washington during the last five years prior to death? ☐ Yes ☐ No

6. Was decedent engaged in operating a business in Washington during the last five years prior to death? ☐ Yes ☐ No

Did decedent own any part of the business? ☐ Yes ☐ No

Please further describe decedent's participation: _____

7. Decedent's last federal income tax return prior to death was filed with which IRS Service Center?

City State On what date? ____/____/____

Address shown on return _____
Street Address City State Zip Code

8. Did decedent own or lease a motor vehicle(s)? ☐ Yes ☐ No

If yes, in what states were they registered? _____

9. Was decedent registered to vote? ☐ Yes ☐ No. If yes, in what state was he/she registered? _____

10. Did the decedent hold a driver's license at date of death? ☐ Yes ☐ No. For what state? _____

11. Did decedent hold any other types of licenses or permits at date of death? ☐ Yes ☐ No

Please list types and which states they were issued from: _____

(Continued on back)

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12. Did decedent hold membership in any community or religious organizations, clubs or societies in Washington within the last five years? ☐ Yes ☐ No. If yes, please list: _____

13. Did decedent rent any safe deposit boxes in Washington at date of death? ☐ Yes ☐ No

14. Did decedent visit Washington within five years prior to the date of death? ☐ Yes ☐ No. If yes, please list location, date and reason for each visit:

Location	Date	Reason

15. Did the decedent declare a state of residence near the date of death? ☐ Yes ☐ No

Which state? _____

To whom was this declaration made? _____
First *Last*

What was the approximate date of the declaration? ____/____/____

16. If out-of-state domicile is claimed, state any additional facts relied upon to support this claim. _____

I, the undersigned, reside at _____

My relationship to the decedent is _____. The above information is submitted under penalty of perjury in support of the statement that the above decedent was domiciled in the State of _____ city of _____, at the date of death.

Affidavit Preparer: X _____ Date ____/____/____

State of Washington, County of _____

I certify that I know or have satisfactory evidence that _____
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument

Dated: ____/____/____

Signature of Notary Public

(SEAL OR STAMP)

Residing at: _____

Notary Public in and for the State of Washington

My appointment expires: ____/____/____